

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sukhminder Grewal, et al. :
: Art Unit: 2164
Serial No.: 10/021,474 :
: Examiner: Chojnacki, Mellissa M.
Filed: October 30, 2001 :
:
For: METHODS AND SYSTEMS :
FOR PERFORMING A :
CONTROLLED SEARCH :

AMENDMENT

**Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment in response to Office Action dated October 4, 2007 (17 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|--|-----------------------------|----------------------------------|
| <input type="checkbox"/> first month | \$ 120.00 | \$ 60.00 |
| <input checked="" type="checkbox"/> second month | \$ 460.00 | \$ 230.00 |
| <input type="checkbox"/> third month | \$ 1,050.00 | \$ 525.00 |
| <input type="checkbox"/> fourth month | \$ 1,640.00 | \$ 820.00 |
| <input type="checkbox"/> fifth month | \$ 2,230.00 | \$1,115.00 |

Fee: \$460.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$460.00

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN SMALL ENTITY |
|---|----------------------------------|-------|---------------------------------|---------------|-------------------------|----|-------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | OR | ADDITIONAL RATE FEE |
| | | MINUS | | = | x \$25.00 = \$ | | x \$50.00 = \$ |
| TOTAL INDEP. | | MINUS | | = | x \$105.00 = \$ | | x \$210.00 = \$ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$185.00 = \$ | | + \$370.00 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |

(a) ☒ No additional fee for Claims is required

OR

(b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

☒ Charge Deposit Account No. 01-2384 the sum of \$460.00.
A duplicate of this transmittal is attached.

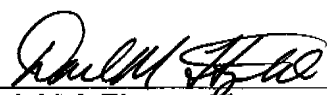
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:


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